

1033

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>179</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>1699</u>
Town of _____			Local Registrar No. _____
or			St. _____ Ward _____
City of <u>Globe</u>	No. <u>Blake addn</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child <u>Mella Virginia Jean</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____			7. Date of birth <u>10 25 23</u> Month day year
8. FATHER		14. MOTHER	
Full name <u>Profus A. Jean</u>		Full maiden name <u>Gavinia Webb</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u>		15. Residence (Usual place of abode) <u>Globe Ariz</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color of race <u>W</u>	11. Age at last birthday <u>30</u> (Years)	16. Color of race <u>W</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Bitterroot</u> (State or country) <u>Arkansas</u>	18. Birthplace (city or place) <u>Springville</u> (State or country) <u>Ariz</u>		
13. Occupation <u>Labourer</u> Nature of industry _____	19. Occupation <u>H. W.</u> Nature of industry _____		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10</u> a.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. E. W. Williams</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe Ariz</u>	
Month, day, year. _____		Filed <u>11-3</u> , 19 <u>23</u>	
Registrar. _____		Filed <u>11-7</u> , 19 <u>23</u>	
		County Registrar. <u>B. J. Gray</u>	

412-1025-262